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REQUEST FOR WITHDRAWAL AS ATTORNEY OR AGENT

Application Number	09/997,724
Filing Date	November 30, 2001
First Named Inventor	Winter
Art Unit	1745
Examiner Name	Siefke, Samuel P.
Attorney Docket Number	POW-011209

To: Commissioner for Patents
Washington, DC 20231

I hereby apply to withdraw as attorney or agent for the above identified patent application.

The reasons for this request are:

- ☐ The correspondence address is NOT affected by this withdrawal.
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<input checked="" type="checkbox"/> Firm or Individual Name	TESTA HURWITZ AND THIBEAULT, LLP		
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- ☒ This request is made on behalf of myself and
- ☐ all the attorneys/agents of record.
- ☐ the attorneys/agents (with registration numbers) listed on the attached paper(s), or
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This request is enclosed in **triplicate** (including any attachments).

Name Jody L. Factor

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Date

NOTE: Withdrawal is effective when approved rather than when received. Unless there are at least 30 days between approval of withdrawal and the expiration date of a time period for response or possible extension period, the request to withdraw is normally disapproved.

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DIRECTOR

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